

<i>SERFF Tracking Number:</i>	<i>UNLI-126800103</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46722</i>
<i>Company Tracking Number:</i>	<i>1044</i>		
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA Endorsement</i>		
<i>Project Name/Number:</i>	<i>PPACA Endorsement/1044</i>		

Filing at a Glance

Company: Unified Life Insurance Company

Product Name: PPACA Endorsement

TOI: H15I Individual Health -

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -

Hospital/Surgical/Medical Expense

Filing Type: Form

SERFF Tr Num: UNLI-126800103

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 1044

Author: Christina Handy

Date Submitted: 09/07/2010

State: Arkansas

State Tr Num: 46722

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 09/09/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 09/23/2010

State Filing Description:

General Information

Project Name: PPACA Endorsement

Project Number: 1044

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/09/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/09/2010

Created By: Christina Handy

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Christina Handy

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

The Patient Protection and Affordable Care Act (PPACA), signed into law on March 23, 2010, mandates certain provisions become effective six months after the passage of the law. As of September 23, 2010 certain provisions of some policies will need to be changed to comply with this law.

The PPACA Endorsement being submitted with this letter is being submitted to comply with the immediate market reform requirements of the PPACA for grandfathered individual forms.

<i>SERFF Tracking Number:</i>	<i>UNLI-126800103</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46722</i>
<i>Company Tracking Number:</i>	<i>1044</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA Endorsement</i>		
<i>Project Name/Number:</i>	<i>PPACA Endorsement/1044</i>		

The policy forms to which this endorsement will be attached were not originally issued by Unified Life, but rather have been acquired by merger or acquisition.

As of September 23, 2010, our administrative staff will process contracts in accordance with the endorsement's provisions and/or any further regulatory requirements as may be promulgated by the applicable authorities.

We believe that this endorsement will satisfy the federally required provisions that must be added to existing grandfathered contracts.

Company and Contact

Filing Contact Information

Christina Handy, Filing Analyst	chandy@unifiedlife.com
7201 W 129th St	913-871-7346 [Phone]
Ste 300	
Overland Park, KS 66213	

Filing Company Information

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and Health
Suite 300	Group Name:	State ID Number:
Overland Park, KS 66213	FEIN Number: 43-1917728	
(913) 871-7290 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	Texas, our domicile state fee, is \$100.00 per form.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unified Life Insurance Company	\$100.00	09/07/2010	39280133

SERFF Tracking Number:	UNLI-126800103	State:	Arkansas
Filing Company:	Unified Life Insurance Company	State Tracking Number:	46722
Company Tracking Number:	1044		
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	PPACA Endorsement		
Project Name/Number:	PPACA Endorsement/1044		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/09/2010	09/09/2010

<i>SERFF Tracking Number:</i>	<i>UNLI-126800103</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46722</i>
<i>Company Tracking Number:</i>	<i>1044</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA Endorsement</i>		
<i>Project Name/Number:</i>	<i>PPACA Endorsement/1044</i>		

Disposition

Disposition Date: 09/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNLI-126800103	State:	Arkansas
Filing Company:	Unified Life Insurance Company	State Tracking Number:	46722
Company Tracking Number:	1044		
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	PPACA Endorsement		
Project Name/Number:	PPACA Endorsement/1044		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Patient Protection and Affordable Care Act Endorsement	Approved-Closed	Yes

<i>SERFF Tracking Number:</i>	<i>UNLI-126800103</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46722</i>
<i>Company Tracking Number:</i>	<i>1044</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA Endorsement</i>		
<i>Project Name/Number:</i>	<i>PPACA Endorsement/1044</i>		

Form Schedule

Lead Form Number: PPACA-END-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/09/2010	PPACA-END-1	Policy/Contract/Amendment, Insert Page, Endorsement or Rider	Patient Protection and Affordable Care Act Endorsement	Initial		0.000	PPACA-END-1.pdf

UNIFIED LIFE INSURANCE COMPANY
[P.O. Box 25326, Overland Park, KS 66213-5326]

PATIENT PROTECTION AND AFFORDABLE CARE ACT ENDORSEMENT

This Endorsement is added to and made a part of Policy Number: [XXXXXXXXXX]

The policy is amended as described below.

Any provision that terminates, reduces or revises the coverage provided by the policy at age 65 or eligibility for Medicare or that terminates coverage as of a specific date or after a specific period of coverage is hereby deleted.

The policy is guaranteed renewable, subject to the provision for Termination of Policy Form or Market Exit provision set forth below.

The limiting age for natural, adopted or step children of the policyholder is hereby changed to age 26. To the extent that the policy provides that such children must be unmarried to remain covered dependents, that requirement is removed. Any requirements and provisions regarding other types of dependents in the policy remain in full force and effect.

Any lifetime maximum benefit for the policy as a whole is hereby deleted. All annual maximum benefit limits and any other benefit limitations of the policy remain in full force and effect.

The following section is added to the policy. To the extent other sections of the policy may be contradictory to this section, this section controls.

TERMINATION OF POLICY FORM OR MARKET EXIT

Your insurance, including insurance on your dependents, will terminate on:

1. the date on which we terminate all policies under this form based on your state of residence on your effective date of coverage. We will give you 90 days written notice prior to the date of termination and will offer you coverage under any individual health insurance policy which we are currently marketing in your state;
2. the date on which we elect to refuse to renew all individual hospital, medical or surgical insurance policies delivered or issued for delivery in this state, provided we notify the insurance commissioner of the election not later than the 180th day before the date coverage under the first individual hospital, medical or surgical insurance policy terminates; we notify each affected covered individual not later than the 180th day before the date on which coverage terminates for that individual; and we act uniformly without regard to any health-status related factor of covered individuals or dependents of covered individuals who may become eligible for coverage. If we elect to non-renew all individual hospital, medical or surgical coverage in your state, we may not issue such coverage in your state during the five-year period beginning on the date of termination of the last such coverage not renewed.

The provision for voiding (rescission) of the policy for misstatements in the application, which may be included in a section entitled, "Time Limit on Certain Defenses" or "Incontestable," is hereby revised to provide as follows:


After the effective date of coverage, only fraud or an intentional misstatement of a material fact in the application may be used to void (rescind) this coverage. We must give you 30 days prior notice of our intent to void the coverage.

This Endorsement shall be effective September 23, 2010

UNIFIED LIFE INSURANCE COMPANY

[


President


Secretary

]

<i>SERFF Tracking Number:</i>	<i>UNLI-126800103</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46722</i>
<i>Company Tracking Number:</i>	<i>1044</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>PPACA Endorsement</i>		
<i>Project Name/Number:</i>	<i>PPACA Endorsement/1044</i>		

Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	09/09/2010
Bypass Reason:	Not applicable as form is required by law.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	09/09/2010
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/09/2010
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/09/2010
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/09/2010
Comments:			
Attachment:			
AR PPACA Uniform Transmittal.pdf			

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:		N/A	
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:		N/A	
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:		N/A	
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:		N/A	
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain. N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			